

Case Number:	CM15-0044336		
Date Assigned:	03/17/2015	Date of Injury:	07/03/2008
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old male, who sustained an industrial injury on 7/3/2008. He has reported a left leg/foot crush injury. The diagnoses have included crush injury left lower leg with undisplaced fracture left distal fibula and osteochondral defect, complex regional pain syndrome bilateral lower extremities, low back pain and left shoulder pain. Treatment to date has included medication therapy, heat/ice, physical therapy, and therapeutic injections. Currently, the IW complains of left leg pain, numbness and weakness. The physical examination from 1/6/15 documented paralumbar tenderness and spasms, quadriceps atrophy, decreased Range of Motion (ROM). Straight leg raise was positive bilaterally. Reflexes were absent in bilateral knee and decreased sensation was noted. The plan of care included medication therapy and a request for authorization for a Transcutaneous Electrical Nerve Stimulation (TENS) unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Supply pads for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in July 2008 with crush injury to the lower extremity. He continues to be treated for chronic low back and lower extremity pain. He is being treated for CRPS. A spinal cord stimulator is under consideration. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore the requested TENS unit purchase with the above supplies was not medically necessary.